## E IT-13 City of Columbus, Income Tax Division Reconciliation of Quarterly Returns of Income Tax Withheld From Wages

EIN/FID NUMBER  Your name, address a are as they appear	and employer'		ar Year 200	retur Medi (614) • Do n quar • This quari • Attac (Do I • A lat by Fi	n. Visit ww a" filing requi of 645-8368. ot enclose qu terly returns annual recon terly returns. th check (if a not remit amo e filing fee me bruary 28th.	ciliation does not my) to the front counts less than \$ may be assessed for Returns received	net for our "M he Withholding ith this form.  substitute for of this return. 1.00).  For failure to fill by March 1st	agnetic Section at Mail the filing of
	NUMBER	City tax liability from wages as shown by		"Employer's Quarterly Return of Tax		/ithheld" (Form IT-11).	WITHHOLDING	DIFFERENCE
CITY NAME	OF W-2s (Records)	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUAR	TOTAL WITHHOLDING PER IT-11s	PER EMPLOYEES' W-2s	BETWEEN IT-11s AND W-2s
COLUMBUS								
GROVEPORT								
OBETZ								
CANAL WINCHESTER								
MARBLE CLIFF								
BRICE								
HARRISBURG								
ALT. CITY*								
* For additional tax due for (please indicate resident jurisdictions shown abo	city). Resid	•		rate	TOTAL	s		
NAME OF OFFICER (Plea	se Print)			SIGNATU	JRE OF OFFICER	3		
OFFICERTITLE				DATE				
the front of this	s form. If you c e the original of	alculate an amou this form and W-2	nt owed, attach	E-Media Uploaded on:				
W-2/IT- 50 W.	-13 Section	me Tax Divisi on et, 4th Floor o 43215-9037	on			Ву:		

Rev. 10/22/09